

EXHIBIT 3

EDUCATIONAL INFORMATION RELEASE AUTHORIZATION

TO: _____

STUDENT NAME: _____

DATE OF BIRTH: _____

I understand that the Family Educational Rights and Privacy Act (FERPA) protects the confidentiality of my education records and that educational institutions may only release my records to third parties with my prior consent or as otherwise permitted by law.

With knowledge of my FERPA rights, I authorize you to release any and all of your protected educational records to:

The records authorized for release include, but are not limited to:

- All academic records;
- Report cards;
- Written evaluations;
- Achievement test results;
- Discipline records;
- Medical health records and doctors' reports;
- Special Education records;
- Psychological reports and/or diagnostic test results;
- Social Worker/Counselor reports;
- Attendance reports;

A PHOTOCOPY OF SAID AUTHORIZATION SHALL SERVE IN ITS PLACE AND STEAD.

Signature of Parent or Student (if over 18)

Printed Name

Date